

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 012600002	(CITY OR TOWN BOYLS	STON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	₹ 2013
	CLASS		YEAR
LICENSEE NAME: GREEN STRE DOING BUSINESS A MOUNT PLE		В	
ADDRESS 369 CROSS ST.			
CITY/TOWN: BOYLSTON	STATE: MA	ZIP CODE: 01505	
MANAGER: LYNCH, BRIAN	TYPE OF LICENSE: Club	CATEGOR	RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
THREE ROOMS ON FIRST FLOOR ONE STORY BUILDING AND ALS CROSS ST	R,STORAGE ON SAME W		
 I hereby certify and swear under pena the renewed license will be the licensee has complied the premises are now open 	e of the same type for the sa with all laws of the Commo	onwealth relating to taxes; a	
SIGNED BY Individual, Par	tner or Authorized Corpora	nte Officer	
	IONE NUMBER:	EMPLOYER IDENTIFI (Note: NOT Individual Soc	cial Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head o	of the fire department for	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU' By:	THORITY
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: ()12600003		CITY	OR TOWN	BOYLSTC)N
APPLICATION FOR F	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS	S			YEAR
LICENSEE NAME:	SHAUGHNESSY I	FAMILY ENTE	ERPRISES, I	NC.		
DOING BUSINESS A	THE OTHER PLA	ACE PUB				
ADDRESS 71 SHREW	SBURY ST					
CITY/TOWN: BOYL	STON	STATE:	MA ZI	P CODE:	01505	
MANAGER: SHAUC ROBER	- , , , , , , , , , , , , , , , , , , ,	E OF LICENS	E:Restaurant	; (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WE	EBSITE AND ENTER Y	OUR EMAIL ADD	RESS		
DESCRIPTION OF LI						
ONE STORY BUILDINAND OFFICE	NG,2 STORE ROC	OMS,KITCHEN	N,BAR,LOU	NGE DINII	NG ROOM, 2	LAVS
I hereby certify and swe	ear under penalties	of perjury that:				
1. the renewed	license will be of t	the same type fo	or the same p	remises nov	w licensed;	
2. the licensee	has complied with	all laws of the	Commonwea	lth relating	to taxes; and	
3. the premises	s are now open for l	business (If not	explain belo	ow)		
SIGNED BY						
]	Individual, Partner	or Authorized (Corporate Of	ficer		
DATE:	TELEPHONI	E NUMBER:				ΓΙΟΝ NUMBER:
			(Note. NOT	ndividual Social S	Security Number)
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building ins	pector and the	head of the	fire depar	tment for the	e above
Please Check Below:			LOC	CAL LICEN	ISING AUTH	ORITY
APPROVED:	٦		By:			
DISAPPROVED:						
(If disapproved explain	,					
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:012600004		C	ITY OR TOW	N BOYLSTO	ON
APPLICATION FOR	R RENEWAL:	Annua	ા	LICE	ENSED FOR 2	013
		CLAS	S			YEAR
DOING BUSINESS						
ADDRESS 260 SHR		CT A TE	2.54	ZID CODE	01505	
CITY/TOWN: BOY		STATE:	MA	ZIP CODE:	01505	
MANAGER: CHO	W, TOY MING TYPE	OF LICENS	SE: Resta	urant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF 1 2 FLOORS,ONE FLO	PLEASE ALSO VISIT OUR WEBSI LICENSED PREMISES OOR LEVEL TO SHRI ANCES;ONE FACING AR PARKING LOT.	S: EWSBURY	ST AND	BOTTOM FL		
2. the license	ed license will be of the ee has complied with all ses are now open for bu	laws of the	Commo t explain	nwealth relating		
	Individual, Partner or	Authorized	Corpora	te Officer		
DATE:	TELEPHONE I	NUMBER:			ER IDENTIFICA'	
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of liq	ctor and th	e head o	f the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	in)			LOCAL LICEI By:	NSING AUTH	ORITY
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 012600006		CITY OR TOWN	BOYLSTON			
APPLICATION	FOR RENEWAL:	Annual	LICEN	LICENSED FOR 2013			
		CLASS		YEAR			
LICENSEE NA	ME: BOYLSTON	WINE & LIQUORS,LI	.C				
DOING BUSIN	TESS A VINNY C'S	BOYLSTON LIQUOR	S				
ADDRESS 63 S	SHREWSBURY ST.						
CITY/TOWN:	BOYLSTON	STATE: MA	ZIP CODE:	01505			
	CASAMASSIMA, VINCENT JR	TYPE OF LICENSE:	Package Store Ca	ATEGORY: All Alcohol			
EMAIL ADDRI	ESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS				
DESCRIPTION	OF LICENSED PR	EMISES:					
THE ENTIRE S REAR EXIT	STEEL AND CINDE	ERBLOCK BLDG; STC	RE AREA WITH ON	E FRONT AND ONE			
3. the p		en for business (If not ex					
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:			
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LICENS By:	ING AUTHORITY			
DATE:			-				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 012600009		CITY OR TOWN BOYL	STON	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	PR 2013	
		CLASS		YEAR	
LICENSEE NAM	ME: CYPRIAN'S, INC.				
DOING BUSINE	ESS A				
ADDRESS 284 1	EAST TEMPLE STREET				
CITY/TOWN:	BOYLSTON	STATE: MA	ZIP CODE: 01505	;	
	NANGELO,ROBERTYPE 7 J.		neral on CATEGOI mise	RY: All Alcohol	
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		
	OF LICENSED PREMISE				
	OUSE WITH 3 ROOMS O SECOND FLOOR, HALF		AND PATIO 2 ROOMS AN	ND .	
I hereby certify a	and swear under penalties o	f perjury that:			
1. the re	newed license will be of the	e same type for the	same premises now licensed	l;	
2. the lie	censee has complied with a	ll laws of the Comm	nonwealth relating to taxes; a	and	
3. the pr	remises are now open for bu	usiness (If not expla	in below)		
SIGNED BY					
	Individual, Partner o	r Authorized Corpor	rate Officer		
D + mp					
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note: NOT marvidual social security Number)		
Acts of 2004, sig	gned by the building insp	ector and the head	e certificate required by Cl of the fire department for rance required by Chapter	the above	
Please Check Below	<u>:</u>		LOCAL LICENSING AU	JTHORITY	
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	expialii)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:012600010		C	ITY OR TOW	N BOYLSTO	ON	
APPLICATION FO	PPLICATION FOR RENEWAL: Annual LICEN				ENSED FOR 2	SED FOR 2013	
		CLA	SS			YEAR	
LICENSEE NAME:	WORCESTER C	OUNTY HORT	CICULTU	RAL SOCIET	Y, INC.		
DOING BUSINESS	A TOWER HILL	BOTANIC GAI	RDEN				
ADDRESS 11 FREE	NCH DRIVE						
CITY/TOWN: BO	YLSTON	STATE:	MA	ZIP CODE:	01505		
	OPER, TY PHANIE	PE OF LICEN	SE:Gener premi		CATEGORY:	All Alcohol	
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR		YOUR EMAI	L ADDRESS			
DESCRIPTION OF	LICENSED PREM	ISES:					
2. the licens	ved license will be o see has complied wit ises are now open for	th all laws of the	e Commoi	nwealth relatin			
SIGNED BT	Individual, Partne	er or Authorized	l Corporat	te Officer			
DATE:	TELEPHO:	NE NUMBER:			YER IDENTIFICA Individual Social		
We the undersigne Acts of 2004, signe named license and of 2010.	d by the building in	nspector and tl	ne head o	f the fire depa	artment for th	e above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl				LOCAL LICE By:	ENSING AUTH	IORITY	
	am)						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)